

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>LS</i>	<i>32</i>	<i>3/12</i>
FORMALITY REVIEW	<i>K</i>	<i>1019</i>	<i>05-17-01</i>
RESPONSE FORMALITY REVIEW	<i>R.B</i>	<i>1076</i>	<i>07/06/01</i>

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

H-5.
5-18-01